

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2396-62-008318

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED MAR 15 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
45 minutesc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis City HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 4328 Strodtman PlaceReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MartinMiddle
F.Last
Koch4. DATE
OF
DEATH February 28, 19625. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
10-4-18889. AGE (last birthday)
73IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life. Even if retired)
Retired hardwood Finisher10b. KIND OF BUSINESS OR INDUSTRY
Paul Showcase Co.11. BIRTHPLACE (City and state or country)
Johannesburg, Ill.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Herman Koch

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Fern Drew, 5350 Helen Avenue18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio Sclerotic Heart Disease

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arterio Sclerosis

DUE TO (c)

420.0

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

and last saw her
him alive on

Death occurred at

12:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

3-1-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial23b. DATE
3-3-6223c. NAME OF CEMETERY OR CREMATORY
New St. Marcus Cemetery23d. LOCATION (City, town, or county)
St. Louis, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son Inc. 2161 E. Fair Ave.

25. DATE RECD. BY LOCAL REG.

MAR 1 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No. 5146

P. O. Address

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.